

DSHS Program Glossary

Aging and Adult Services (AASA)

AASA serves disabled persons over 18, as well as frail, elderly persons who need either instrumental assistance with some of the activities of daily living (such as housework, shopping, and money management) or ongoing assistance with many daily life functions (such as self-care, eating, and medication management).

Programs

AASA Total: AASA clients were unduplicated and dollars spent were totaled. Please note:

- Nursing Home Discharge Allowance was included in the total only and not in any of the groups below. This service was called Residential Assistance in the FY90 NADP reports.
- Assisted Living was included in the total only and not in any of the groups listed below. These services were not included in the FY90 NADP reports.
- Adult Day Health Services were included in the DDD Total only and not in any of the groups below. These services were reported in MAA Other Medical Services in the FY90 NADP reports.
- The Community Options Program Entry System (COPEs) funded services were in a separate group in the FY90 NADP reports. These services have been grouped with their related category of care in FY92.

• **Case Management and Comprehensive Adult Assessment:** Disabled adults requesting nursing home care, COPEs, case management, or any other AASA service were provided an in-person, standardized, comprehensive assessment of need and level of care. In addition to the comprehensive assessment, AASA case managers assisted certain disabled adults in the development of a service plan and to obtain and effectively use necessary support services while still maintaining the highest level of health and independence capable by that person. The case managers also maintained ongoing contact with the client until the condition and situation were stabilized. In the FY90 NADP reports, Case Management and Assessment services were reported separately.

• **Chore Services:** These state funded programs provided in-home personal care services to non-Medicaid eligible, low-income, disabled or very frail adults who still live in their own homes. This group included all contracted chore and individual provider services as well as chore provider meal reimbursements and travel costs. Contracted chore services (SSPS code 4220) were not included in the FY90 NADP reports.

• **Personal Care Services:** These federal and state funded programs provided help with the activities of daily living to poor, disabled or frail adults who needed this assistance to remain in their own homes, Adult Family Homes (AFH) or Congregate Care Facilities (CCF). Included were: Title XIX funded Personal Care and transportation; COPEs funded in-home Personal Care Services; and state funded Personal Care provided for clients in AFH's. In the FY90 NADP reports, the clients and dollars for Personal Care Services funded by the Omnibus Budget Reconciliation Act (OBRA) were represented in AASA. Most of those clients and dollars are now represented in the DDD Total. The COPEs in-home personal care services were in the COPEs group in the FY90 NADP reports.

(continued on following page)

Aging and Adult Services Administration (AASA) continued

- **Adult Family Homes:** In these small group care settings, persons in their own homes provided room, board, and laundry services for as many as six adults who were not related to the provider, could not live alone, and did not need skilled nursing care. Included were: COPES funded AFH and personal care services; state funded AFH services including mental health clients; Title XIX funded AFH services; and AFH AIDS Special Services. In the FY90 NADP reports, the mental health clients were reported in MHD Group Housing, the COPES paid services were in the COPES group and the AIDS services were not available.
- **Congregate Care Facilities:** In these licensed boarding facilities for disabled adults, staff offered 24-hour supervision of, and help with, the following: activities of daily living, planning medical care, taking medications, and the handling of financial matters when necessary. Included were: COPES funded CCF and personal care services; state funded CCF services including mental health clients; and Title XIX funded CCF services. In the FY90 NADP reports, the mental health clients were reported in MHD Group Housing and the COPES paid services were in the COPES group.
- **Nursing Homes:** In these residential facilities, staff performed an array of services for disabled persons who required daily nursing care, as well as assistance with medication, eating, dressing, walking, or other personal needs.
- **Adult Protective Services:** APS staff investigated reports of neglect, abuse, exploitation or abandonment of dependent adults. Services provided to clients included, but were not limited to: counseling, assessment, arranging for alternative living situations, assistance in accessing community resources, and arranging for and providing appropriate services.

Division of Alcohol and Substance Abuse (DASA)

DASA provides assessment and treatment services to persons who are chemically dependent on alcohol, other drugs or both. Clients pay a portion of the cost of their treatment on a sliding scale, and the ADATSA programs (which include job training and job search assistance) are only available to indigent clients who are unemployable because of their addiction.

Programs

DASA Total: DASA clients were unduplicated and dollars spent were totaled. Please note:

- ADATSA Protective Payee fees are included in the total only and not in any of the groups below. These fees were not included in the FY90 NADP reports.
- DASA therapeutic child care and DASA day care are included in the DASA Total only and not in any of the groups below. These programs were included in the DCFS Therapy Child Care group in the FY90 NADP reports.
- **Detoxification:** This short-term residential service was provided to clients withdrawing from the effects of excessive or prolonged alcohol or drug consumption. Services continued only until the client recovered from the transitory effects of acute intoxication. Detoxification always included supervision, and may have included counseling and/or medical care. Some counties provided detoxification in specialized freestanding facilities; in other counties, detoxification was provided in community hospitals.
- **ADATSA (Alcohol and Drug Addiction Treatment and Support Act) Assessments:** An assessment to evaluate indigent, chemically dependent clients to determine eligibility for state or federally funded treatment or state funded shelter. Assessment staff assisted clients to develop a treatment plan, monitored client progress, and placed clients in appropriate treatment settings. Dollars spent on lab fees associated with the assessment were also included. Lab fees were not included in the FY90 NADP reports.
- **Residential Treatment:** Several types of inpatient settings were included in this category: DASA Residential Treatment for pregnant women and youth, Intensive Inpatient Treatment, Long-Term Residential Drug Treatment, Recovery House Care, Differential/Dual Diagnosed Treatment at Cedar Hills for substance abusers who are mentally ill, and secure involuntary treatment at Pioneer North. DASA Residential Treatment for pregnant women and youth were not included in the FY90 NADP reports.
- **Outpatient Treatment:** This consisted of a variety of diagnostic and treatment services provided in a non-residential setting. Standard, intensive, and Medicaid-paid outpatient treatment were included. Generally, for indigent clients, vocational counseling was also included. Medicaid-paid outpatient treatment was not included in the FY90 NADP reports.
- **Methadone Treatment:** These were clients addicted to heroin or other opiates. The four contracted methadone treatment agencies provided counseling and daily, or near daily, administration of methadone or other approved substitute drug in an outpatient setting.
- **ADATSA Stipend:** A living stipend to cover food and housing costs while in outpatient treatment or ADATSA Shelter Assistance and/or personal incidentals for ADATSA clients while in residential treatment.

Division of Children and Family Services (DCFS)

DCFS serves children and adolescents who are being abused or neglected by their families, or who are enmeshed in family conflict to the point where it threatens the family unit.

Programs

DCFS Total: DCFS clients were unduplicated and dollars spent were totaled. Please note:

- In-home service plans for children leaving specified residential treatment facilities were included in the DCFS Total only and not reported in any of the groups below. These services were included in the Treatment Foster Care and Group Care group in the FY90 NADP reports.
- **Child Protective Services (CPS) Accepted Referrals:** These services included at least 24-hour intake, assessment, emergency intervention, and emergency medical services for accepted referrals. If children were found to be at risk of abuse, the services could have included direct treatment, coordination and development of community services, legal intervention, and case monitoring. Family services were intended to reduce the risk to the children.
- **Family Reconciliation Services (FRS):** These services were offered to help families and their runaway or conflict-ridden adolescent members. There were three phases: (1) 24-hour Intake and Assessment; (2) longer-term crisis counseling provided by county contract counselors; and (3) an Intensive (e.g., Homebuilders) program, which provided counselors who worked closely with families to avoid imminent out-of-home placements.
- **First Steps Social Services:** Evaluation and social services were provided by a CSO First Steps Social Worker to pregnant clients to reduce risk factors that may lead to poor birth outcomes. Services included assessment, case management, and linkage to appropriate community and health support services. These services were not included in the FY90 NADP reports.
- **Home Based Services:** These were individualized services purchased to help families who were at risk of child placement or in need of reunification. Services may have included traditional child welfare services, such as parent aides or counseling, as well as supports centered around basic needs such as clothing, shelter, employment, and transportation.
- **Interim Care Services (ICS):** ICS consisted of two service categories: Crisis Residential Centers (CRCs) and Juvenile Detention Placements. Both were emergency placement resources for children, pending family reunification or out-of-home placement to longer-term family foster care or group care. There were also three types of CRCs included: Regional, Group, and Family beds. Costs associated with clothing or personal incidentals purchased for children while they were in CRCs were included.
- **Foster Care:** Foster Care services were provided to children who needed short-term or temporary protection because they were dependent, abused, neglected, and/or could not live with their parents because of conditions which threatened their normal development. Family Receiving Homes were included here. Additionally, Foster Care served runaways, developmentally disabled children, children referred to mental health and juvenile rehabilitation, and medically fragile children including drug-affected newborns. Also included in this category were any of the following services received by children while in foster care: clothing and personal incidentals, psychological evaluation and treatment, personal care services, transportation, and payments made to foster parents for respite and additional supervision for special activities. Respite Care was not included in the FY90 NADP reports.
- **Group Care, Treatment Foster Care and Special Models of Group Care:** Group Care and Treatment Foster Care placements served children with emotional and/or behavioral difficulties which exceeded the service or supervision capacity of regular foster care families. Length of stay in these

settings ranged from 3 to 18 months. Several models were included: Treatment Foster Care and Group Care (Levels 2, 3 and Residential Treatment). If Early/Enhanced Discharge and After Care (EDAC) services were provided for these clients, those costs were included. Also included were additional client services, such as: additional supervision, clothing, personal incidentals, transportation, and legal services. Special Models of Group Care encompassed several different specialized treatment programs for children with particular difficulties. Included were: special model residential treatment and aftercare; special treatment facilities for children who are both developmentally disabled and mentally ill; special care for medically fragile children; and out-of-state group care. Legal services were not included in the FY90 NADP reports. Treatment Foster Care/Group Care and Special Models of Group Care were separate groups in the FY90 NADP reports.

- **Adoption and Adoption Support:** Adoption services provided opportunities for children in DSHS's custody to be permanently placed in families. Services included permanency planning, adoption preparation, placement supervision, and some limited post-adoption services. Adoption support services encouraged adoption of hard-to-place children from DSHS foster care and children who, because of age, race, physical condition, or emotional health, would not otherwise be placed for adoption. The program eliminated barriers to the adoption of such children by providing financial assistance, medical, counseling and rehabilitative services, and assistance with legal fees for adoption finalization. Adoption and Adoption Support were reported separately in the FY90 NADP reports.

- **Employment and Training Child Care:** This category of child care was subsidized because the custodial parent(s) were working or were in secondary education, and the family was earning less than 52% of the State Median Income adjusted for family size. Also, included were seasonal day care with a priority on serving children of farm workers. Seasonal day care was only included in the DCFS Total in the FY90 NADP reports. Employment and Training Child Care was called Work and Training Day Care in the FY90 NADP reports.

- **Therapy Child Care:** This category of child care was provided to two groups of children with special emotional needs. The first group was children who were at risk of child abuse and neglect (Therapeutic Child Development). The second was children whose families needed respite, treatment or parent education (CPS/CWS Child Care). Child care for children whose parents were undergoing substance abuse treatment funded by the Division of Alcohol and Substance Abuse (DASA Child Care) was included in this group in the FY90 NADP reports. DASA Child Care was included in the DASA Total in this report.

Division of Developmental Disabilities (DDD)

DDD serves persons who are developmentally disabled as a result of physical conditions which originated before adulthood, are expected to be lifelong, and constitute a substantial handicap to everyday functioning.

Programs

DDD Total: DDD clients were unduplicated and dollars were totaled. Please note:

- Medicaid Personal Care for adults in a CCF, AFH, or the client's home, who participated in downsizing from an Intermediate Care Facility for the Mentally Retarded (ICF-MR) or a Nursing Home facility, was included in the DDD Total only and not in any of the groups below. These services were included in AASA Personal Care Services in the FY90 NADP reports.
- In the FY90 NADP reports Medicaid Personal Care services for children were included in the DDD Total only. These services were included in the DDD Family Support Services group in this report.

• **Assessments and Case Management:** Case managers assisted DDD clients and their families in assessing needs, planning and authorizing state-funded services, applying for other services, and handling life crises. Some clients may have seen their case manager often during the fiscal year reported; others (such as families whose children are in the public schools) may not have seen their case manager at all during the report period. Both types of clients were included in this report because the DDD data systems did not distinguish between "having" and "using" a case manager.

• **Residential Habilitation Centers (RHCs):** These were the large state residential and habilitation institutions for developmentally disabled persons: Fircrest School, Frances Haddon Morgan Center, Interlake School, Lakeland Village, Rainier School, and Yakima Valley School.

• **Community Residential Facilities:** This group included clients living in smaller, community-based group care facilities: group homes and Intermediate Care Facilities for the Mentally Retarded (ICF-MR). In addition, programs which support clients living in their own houses or apartments, either alone or with roommates (State Operated Living Alternatives (SOLA), Intensive Tenant Support, Tenant Support, and Supportive Living) were included in this category. Staff provided clients with support and training for household and money management, health care, personal care, use of community resources, and social integration. SOLA services were not included in the FY90 NADP reports. Intensive Tenant Support, Tenant Support and Supportive Living services were included in the Non-Facility Residential group in the FY90 NADP reports.

• **County Contracted Community Employment, Access and Training Services (Emp & Training):** This group included Community Access Programs and the following three employment programs: (1) Individual Supported Employment, which assisted clients to find and keep jobs in the community; (2) Group Supported Employment, which enabled clients to work in groups or enclaves at local businesses; and (3) Specialized Industries, which were work training centers. Community Integration Programs and Senior Citizen Services (as reported in the FY91 NADB reports) became Community Access Programs, which emphasized development of social, communication, and leisure skills. The Community Access Programs were included in the Habilitation Services group in the FY90 NADP reports.

• **Family Support Services:** This group included the following family support services: respite care, attendant care, professional services used by the family, transportation for attendants or family members, Medicaid personal care for children, and miscellaneous family-based services. These services enabled families to keep their developmentally disabled children in their own homes. In the FY90 NADP reports the Family Support Services included therapy and counseling used by the family; however, in this report

these services were included in Professional Support Services (below). Furthermore, the Medicaid personal care services were included in the DDD Total only in the FY90 NADP reports.

- **Professional Support Services:** This group included behavioral consultation/counseling and physical, occupational, and communication therapies provided to children and their families through Family Support funding. Also included were the following three Supplemental Community Support funded services: (1) psychological services used to determine eligibility; (2) the developmental disabilities professional (DDP) evaluations required by criminal courts; and (3) counseling and other therapeutic services for adults in DSHS and DDD funded residential settings, or in their home. The services funded by Family Support were included in the Family Support group in the FY90 NADP reports. Similarly, the services funded by Supplemental Community Support were included in the Supplemental Community Support group in the FY90 NADP reports.

- **Supplemental Community Support:** This group included client transportation and client-oriented community services such as, interpreters and translators, summer recreational activities, equipment purchases, and reimbursement for activity fees. This group also included DDD attendant care provided to clients in their home or other setting to assist them with needed care and supervision. In the FY90 NADP reports, this group included psychological eligibility assessments which were included in the Professional Support Services in this report.

Division of Income Assistance (DIA)

DIA and Economic and Medical Field Services (EMFS) together provide welfare grants, related employment training, and child care to very low-income persons, particularly those who are disabled and unemployable, have children under age 18 and are unemployed, or are pregnant. They also provide food assistance to all persons in poverty. Throughout this report, these two entities are referred to as "Income Assistance" or "DIA".

Programs

DIA Total: DIA clients were unduplicated and dollars spent were totaled. Please note:

- ADATSA Protective Payee, SSI Facilitators, DIA protective payee, ADATSA Psychological Evaluation, FIP Social Services, and a few miscellaneous DIA services are included in the total only and not reported in any of the groups below.
- Primary recipient (parent or guardian) counts for FIP Child Care-Employed, FIP Child Care-Regular, FIP Child Care-Transitional, FSA Transitional Child Care are included only in the total client count and are not reported in any of the groups below. (Child count and dollars are included in Income Assistance Child Care.)
- **Regular AFDC and FIP Grants (AFDC-R and FIP-J):** Clients who received these cash grants came from poor families with children under 18 (or between 18 and 19 and finishing high school) or low-income single women in the third trimester of pregnancy with no other children. They were either single-parent families, two-parent families where one parent is unemployable due to disability, or families in which the children are living with non-parent relatives. Some clients received additional money for telephone, laundry, meals on wheels, restaurant meals, food for guide dogs, and home winterization.
- **Employable AFDC and FIP Grants (AFDC-E and FIP-O):** Clients who received these cash grants came from poor two-parent families with children under 18 (or between 18 and 19 and finishing high school) or from families with a woman in the third trimester of pregnancy with no other children, in which both parents are unemployed. At least one of the parents must have worked recently to qualify the family for this assistance. Some clients received additional money for telephone, laundry, meals on wheels, restaurant meals, food for guide dogs, and home winterization.
- **Income Assistance Child Care:** Child care assistance was available to families on AFDC or FIP when a parent/guardian was working, participating in a department-approved education/training/JOBS component or was no longer eligible for grant assistance for earnings-related reasons. In FY90 NADP reports these services were included in the AFDC groups.
- **JOBS (Job Opportunities and Basic Skills Training Program):** The JOBS program offers employment and basic skills components for adult applicants and recipients of AFDC. Components included assessment, job readiness, education, jobs skills training, volunteer work, work experience, on-the-job training, job search, and job placement. The FY90 NADP reports did not include information on these services.
- **General Assistance-Unemployable and General Assistance-Expedited Medicaid Disability (GA-U and GA-X):** Clients who received these cash grants were very poor and unemployable due to physical, mental or emotional incapacity. Either the incapacity was not sufficiently continuous or long-lasting for SSI, or the client's case was awaiting SSI determination. Some clients received additional money for telephone, laundry, meals on wheels, restaurant meals, and food for guide dogs. Clients who were eligible for GA-U and received ADATSA treatment for drug and/or alcohol dependency remained in the GA-U program. Prior to FY92 these clients would have been transferred to the ADATSA program for the

duration of their treatment. This group also included incapacity assessments, which were not included in the FY90 NADP reports.

- **Pregnancy Grants (GA-S and FIP-G):** Clients who received these cash grants were poor pregnant women who were not eligible for AFDC or FIP. Some clients received additional money for telephone, laundry, meals on wheels, restaurant meals, and food for guide dogs.

- **Aged, Blind, Disabled:** All clients in this group were aged (over 64), blind or disabled, and received one or more of the following: State SSI Supplemental Payment; money for telephone, laundry, meals on wheels, restaurant meals, food for guide dogs, or clothing and personal incidentals (CPI). In FY90, this group included aged, blind, and disabled clients regardless of whether or not they received any of the above payments.

- **Food Assistance:** These clients were low-income and received coupons redeemable for food items. FIP grant recipients received cash instead of food coupons.

- **Refugee Income Assistance:** If a refugee met state income and grant standards, but did not have a household type or disability which qualified them for any federal income assistance program, they received a Refugee Cash Assistance grant for the first year of their United States residence. Beginning October 1, 1991 refugees were eligible for a cash assistance grant only during the first eight months of United States residence. This group was included in the Division of Refugee Assistance in FY90.

Division of Juvenile Rehabilitation (DJR)

DJR serves children and adolescents who have been tried and convicted of crimes. While DJR administers community non-residential programs, they are not reported here. Instead, this report concentrates upon residential programs, or upon persons coming out of residential programs onto parole.

Programs

DJR Total: DJR clients were unduplicated and dollars spent were totaled.

- **Parole:** Parole officers supervised juvenile offenders who were released into the community. They provided structure, supervision, family and client support, and access to needed community services.

- **Community Residences and Group Homes (Community Placement):** There were three types of programs in which DJR clients lived in small group facilities while they worked and/or attended schools in the community. DJR operated seven group homes, and contracted with private agency group homes (called Community Residential Placements or CRPs) and Community Commitment Programs (CCPs). This group was called Community Beds in FY90 NADP reports. In the FY90 NADP reports dollars for Special Treatment services (see description below) were included in this group. In this report dollars for those services have been shifted to the Special Treatment group. CCPs were called Community Alternative Programs (CAPs) in the FY90 NADP reports.

- **DJR Institutions and Youth Camps:** All DJR state institutions provided treatment, education, and/or work experience in a secure facility. The three state institutions (Green Hill, Maple Lane, Echo Glen) and two forestry camps (Naselle and Mission Creek) were included. In the FY90 NADP reports dollars for special treatment services (see description below) were included in this group. In this report dollars for those services have been shifted to the Special Treatment Programs group.

- **Mental Health/Drugs/Sex Offender Treatment (Special Tx):** These services, provided in select group homes and cottages in state institutions, offered specialized substance abuse treatment, specialized treatment for mentally ill youth, and sexual offender treatment. In the FY90 NADP reports dollars for these services were included in the group home or institution where the service was provided. In this report, daily costs were estimated and dollars were shifted from the group home or institution to this group. Sexual offender treatment began in FY92.

Division of Refugee Assistance (DORA)

DORA promotes economic independence and self-sufficiency for refugees through the use of social services, financial, and medical services.

Programs

DORA Total: DORA clients were unduplicated and dollars spent were totaled.

- **CSO Intake and Case Management:** DORA case managers assessed client employability and helped clients access medical, social, educational, and other services that were necessary for economic independence. If a client was employable, the case manager helped the client to set up a Personal Employment Plan (PEP) and referred the client to employment services, training, ESL, and any other necessary services.

- **English as a Second Language (ESL) Training:** This program taught "basic survival English skills" to adult clients to help them overcome communication problems and to help them contact service providers, especially medical providers.

- **Self-Sufficiency Assessment, Planning, and Employment Services:** These services were provided through private non-profit and government contractors to refugee clients who were potentially employable. The services provided included: family economic independence counseling, employment-oriented language training, job-finding skills, job development and placement, post-employment follow-up to insure a client stays on the job, and follow-up with employers to improve communication between the employer and the refugee employee.

- **Unaccompanied Minors:** These were refugee children whose parents were deceased, unknown or were still in their native country. Contracting foster care agencies placed the children in foster care, often with refugee families, and provided emancipation training and cultural preservation activities. The dollars shown include contract and placement fees paid to the foster care agency and monthly maintenance payments made to the foster parents. These services were not included in the FY90 NADP reports.

Division of Vocational Rehabilitation (DVR)

DVR administers a set of programs which encompass the vocational rehabilitation of persons with physical, mental or sensory disabilities which affect their work opportunities.

Programs

DVR Total: DVR participants were unduplicated and dollars spent were totaled. Please note:

- Miscellaneous participant necessities were included in the total only and not reported in any of the groups below.
- **Regular Case Management:** Participants who would be employable without ongoing follow-up after rehabilitation were helped by DVR case managers to assess job skills, access community resources, and prepare for suitable employment.
- **Supported Employment Case Management:** DVR case managers, as part of a larger team, assisted participants who required ongoing follow-up and post-employment services to maintain employment. DVR case managers helped these participants assess their job skills, access community resources, and find suitable employment after rehabilitation. Team members outside DVR provided long-term follow-up and post-employment services.
- **Vocational Assessment and Work Skill Building (Assess Job Skills):** This service group included the identification of a participant's interests, readiness for employment, work skills, and job opportunities.
- **Medical and Psychological Treatment:** This group of services included any restorative medical or psychological treatment which was needed to increase work potential and/or job accessibility. Examples include surgery, prostheses, hospital and convalescent care, and the purchase of necessary medical equipment.
- **Training, Education, and Supplies:** These were the direct costs of vocational training. They included tuition, school books and equipment, interpreter or reader services, and lab fees.
- **Personal Support Services:** These services helped the participant complete a rehabilitation plan and find employment. Examples included: help with transportation costs, day care, independent living services, purchase of tools or equipment, and the alteration or repair of a vehicle so that a participant could get to work.
- **Placement Support Services (Work Support):** This group of services were specific to job placement and included the purchase of clothing, tools or equipment necessary for job placement; assistance with resumes, job applications, business licenses and fees; and job placement fees.

Medical Assistance Administration (MAA)

MAA pays for medical services to persons who are poor and are refugees, disabled, pregnant or raising children under 18.

Programs

MAA Total: MAA clients were unduplicated and dollars spent were totaled.

- **Medical Eligibles Not Receiving Service:** This is a count of clients who were eligible for, but did not receive any, Medicaid-paid services during the fiscal year. These client counts can be subtracted from the MAA total clients to obtain a count of clients receiving Medicaid-paid services.
- **Hospital Inpatient Care:** These services were furnished by a licensed or formally approved hospital for the care and treatment of clients admitted to stay at the facility under the direction of a physician or dentist. Included were room and board and other ancillary services such as drugs, laboratory, and radiology.
- **Emergency Room (Outpatient and Physician Care):** Services provided in a hospital in which an emergency room charge appeared on the claim. Also, included were services performed by physicians and psychologists in an emergency room setting. Emergency room services were included in the Hospital Outpatient, Physician Services, and Other Medical groups in the FY90 NADP reports.
- **Hospital Outpatient Care:** These included preventive, diagnostic, therapeutic, rehabilitative or palliative services furnished by a licensed or approved hospital to clients who visited but were not admitted to stay at the facility. Emergency room outpatient services were included in this group in the FY90 NADP reports, but were included in the Emergency Room group in this report.
- **Physician and Clinic Services:** These were services provided by or under the personal supervision of an individual licensed to practice medicine or osteopathy. These services could have been furnished in the physician's office, the client's home, a hospital, Indian Health Clinics, Rural Health Clinics or elsewhere. Emergency room physician services were included in this group in the FY90 NADP reports, but are included in the Emergency Room group in this report. Services provided at Indian Health Clinics and Rural Health Clinics were included in the Other Medical group in the FY90 NADP reports.
- **Psychiatrists and Psychologists (Psych Services):** Services performed by licensed psychiatrists or psychologists in a setting other than a hospital emergency room. Psychiatrist services were included in the Physician Services group in the FY90 NADP reports. Psychologist services were included in the Other Medical group in the FY90 NADP report.
- **Prescription Drugs:** These included simple or compound substances or mixtures prescribed by a physician or other licensed practitioner and dispensed by licensed pharmacists or other authorized practitioners.
- **Dental Services:** These included diagnostic, preventive or corrective services provided by or under the supervision of an individual licensed to practice dentistry or dental surgery.

(continued on following page)

Medical Assistance Administration (MAA) continued

- **Other Medical Services:** This residual category included durable medical equipment, home health care, hospice care, some medically necessary transportation, optometrists, opticians and eyeglasses, chiropractic care, oxygen, hearing aids, and a variety of smaller programs. Services provided at Indian Health Centers and Rural Health Centers were included in this group in the FY90 NADP reports, but are included in the Physician and Clinic Services in this report. EPSDT services were included in this group in the FY90 NADP report, but are included in the EPSDT group in this report. Hospice care was included only in the MAA total in the FY90 NADP reports.
- **EPSDT:** Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services provided preventive health care for children in four distinct components: health screening, dental services, vision exams, and hearing exams. If a medical or dental problem was identified during the screenings, Medicaid paid for the necessary treatment, regardless of whether or not the service was in the State Plan. Nutritional services provided by a certified, licensed dietitian were also covered. These services were included in the Other Medical group in the FY90 NADP reports.
- **Health Maintenance Organization (HMO) Fees:** Some clients were covered through managed health care such as Group Health, Kaiser, Pierce County Medical Bureau, and Kitsap Physician Services (KPS). For these clients, a fixed monthly fee was paid, rather than service-specific reimbursements. The monthly fee covered most physician and hospital services.
- **Medicare Part B Premiums:** The state paid the fixed fee premium to the federal government to insure the client under Medicare Part B. Part B covers physician fees. In general, this service supported the elderly poor.

Mental Health Division (MHD)

MHD administers treatment programs for adults and children who are severely and/or chronically mentally ill. Program groupings include outpatient and community support programs, day treatment programs, group housing programs, and inpatient services at both state mental hospitals and community psychiatric hospital beds.

Programs

MHD Total: MHD clients were unduplicated and dollars spent were totaled. Please note:

- Group housing (treatment is not provided as part of the housing situation) was included in the total only and not in any of the groups below. This included mentally ill hard-to-place clients living in Congregate Care Facilities (CCF), MHD clients living in specialized Mental Health CCFs, and mental health clients living in regular CCFs. These services were included in the Group Housing group in the FY90 NADP reports.
- "Transitional" CCFs (treatment provided as part of easing a client back into the community) were included in the total only and not in any of the groups below. These services were included in the Community Residential Transitional Programs group in the FY90 NADP reports.
- PORTAL was included in the total only and not in any of the groups below. PORTAL was included in the State Institutions group in the FY90 NADP reports.
- **Case Management:** Case managers assisted enrolled MHD clients and some registered MHD clients with the following needs: assessment of needs and development of a service plan, client housing, income, employment, monitoring and intervention, and crisis intervention. These services were provided outside of a community mental health agency setting.
- **Crisis and Stabilization Services:** These services included the following: (1) face-to-face evaluation and treatment of mental health emergencies; (2) stabilization services provided in the person's home; and (3) intensive, short-term mental health services for acutely mentally ill clients, in order to stabilize a crisis situation.
- **Intake and Evaluation (CMHC):** These services included Community Mental Health Center (CMHC) intakes, psychological assessments, psychiatric evaluations, and special population and interdisciplinary evaluations.
- **Outpatient Treatment:** This service included individual, family, and group outpatient counseling in Community Mental Health Centers. Special-purpose Community Mental Health Center programs (excluding medication management, intake and evaluation, and day treatment) were also included.
- **Medication Management:** This service included medication management, monitoring, and prescription appointments for those MHD clients for whom a licensed practitioner has developed a medication treatment plan.
- **Day Treatment:** Day Treatment programs provided a range and mix of planned and structured programs in a supervised all day setting. For adult clients, in addition to counseling, Day Treatment staff emphasized community living skills (such as pre-vocational training and appropriate use of community services) and self-care skills (such as health, nutrition, and money management). Day program services for children provided an emphasis on preparing for school rather than employment. Adult and Child Day Treatment programs were reported as separate groups in the FY90 NADP reports.

(continued on following page)

Mental Health Division (MHD) continued

- **State Institutions:** This group included services provided at Eastern State Hospital, Western State Hospital, and/or the Program for Adaptive Living Skills (PALS). Services received by both voluntary and involuntary clients were included. PORTAL was included in this group in the FY90 NADP reports but was included only in the MHD Total in this report.
- **Child Study and Treatment Center (CSTC):** This group included services provided at the state-run, long-term residential treatment center for children who are psychiatrically disturbed.
- **Involuntary Commitments to Community Hospitals (ITA):** This group included services provided to clients who were involuntarily committed to psychiatric wards in community hospitals. This grouping did not include services received by persons treated in Evaluation and Treatment Centers. These services are commonly referred to as ITAs because they are authorized under the Involuntary Treatment Act.
- **Adult Residential Treatment Facilities:** This group included services provided to adult clients living in community-based residential treatment facilities. In RTFs, active intensive treatment by facility staff was part of the program.

Appendices

Appendix A

Client Unduplication

In order to accurately count DSHS clients and measure their service usage, the clients were unduplicated at the agency level for the fiscal year. The 16 data sources do not always store names using the same conventions. These inconsistent storage techniques hinder unduplication methods; thus all names were standardized. For example:

- All special characters (e.g., -, ", +, \, &, etc.) were converted to spaces.
- All name suffixes, such as 'JR', 'SR', 'II', 'III', 'IV', 'NMI', 'NON', 'NONE', were dropped.
- All embedded spaces were compressed out. For example; O MALLEY became OMALLEY and MC CALLEY became MCCALLEY.

From any single data source a client could appear more than once with slightly different identification data over the 12 months. In addition, the same client could conceivably appear in all 16 of the data sources. It is important that this one client not be counted as 16 or more people. To address this, clients were unduplicated using the following criteria:

If the Social Security Number and Date of Birth match
then consolidate the client;

Otherwise:

If the Social Security Number, Last Name, and First Initial match
then consolidate the client;

Otherwise:

If the First Name, Last Name, and Date of Birth match
then consolidate the client.

Appendix B

Cost of Service in the NADB Client Database

When available, NADB reported the actual dollar cost of a client's service. If only the amount of service the client used was available (as in number of days in residential treatment or number of hours of counseling) NADB reported the service amount multiplied by an average unit cost. Sometimes only an average monthly cost was available, although the service amount was reported in units other than months. If so, that cost was multiplied by the number of months in which the client received service.

There were three programs for which no dollars were assigned:

- 1) In FY92, NADB accounted for clients who were eligible for medical services. This program was based solely on the clients meeting the eligibility requirements for medical services (actual use of medical service is accounted for elsewhere). Clients who were eligible for medical services, but did not receive any, were included in this report as Medical Eligibles Not Receiving Service with no dollars assigned. See MAA Glossary for further explanation.
- 2) For **DDD Case Management** it could not be determined whether clients used the service during the fiscal year.
- 3) For **First Steps Social Services**, it could not be determined what amount from the budget was spent on these services during the fiscal year.

The NADB Client Database included only those services and expenditures which could be attributed to individual clients. Headquarters costs, prevention and community education costs, and some service contracts were not included. In addition, some programs and dollars which could be attributed to individual clients were not included in this year's reports. **Therefore, the total NADB service cost for each division or administration was less than their total FY92 service expenditure. For DSHS as a whole, the total NADB service cost was about 80% of the total FY92 DSHS expenditures.**

Appendix C

Resolving Conflicts in Race/Ethnicity and Gender during Unduplication

A client's race/ethnicity and gender were not always coded the same in each NADB data source. When there were multiple race/ethnicity values for a client the most frequent value was used to assign a single race/ethnicity value. If two or more values were reported from the same number of sources (i.e., two sources reported White and two sources reported Asian) the source considered the more reliable was used to select a single value. The same process was used to assign the client's gender. Also, clients were coded as Hispanic if they were coded as Hispanic in any source.

The racial/ethnic codes in these tables were drawn from different DSHS data sources. For most of these sources, clients who identified themselves as "Alaskan Natives" were coded as "American Indian" and those who identified themselves as being from a Pacific island were coded as "Asian." Clients who identified themselves as Hispanic were generally coded as being "Hispanic." However, in most DSHS data sources (and therefore in the NADB Client Database) a client cannot be **both** Hispanic **and** White, Black, Asian, or American Indian.

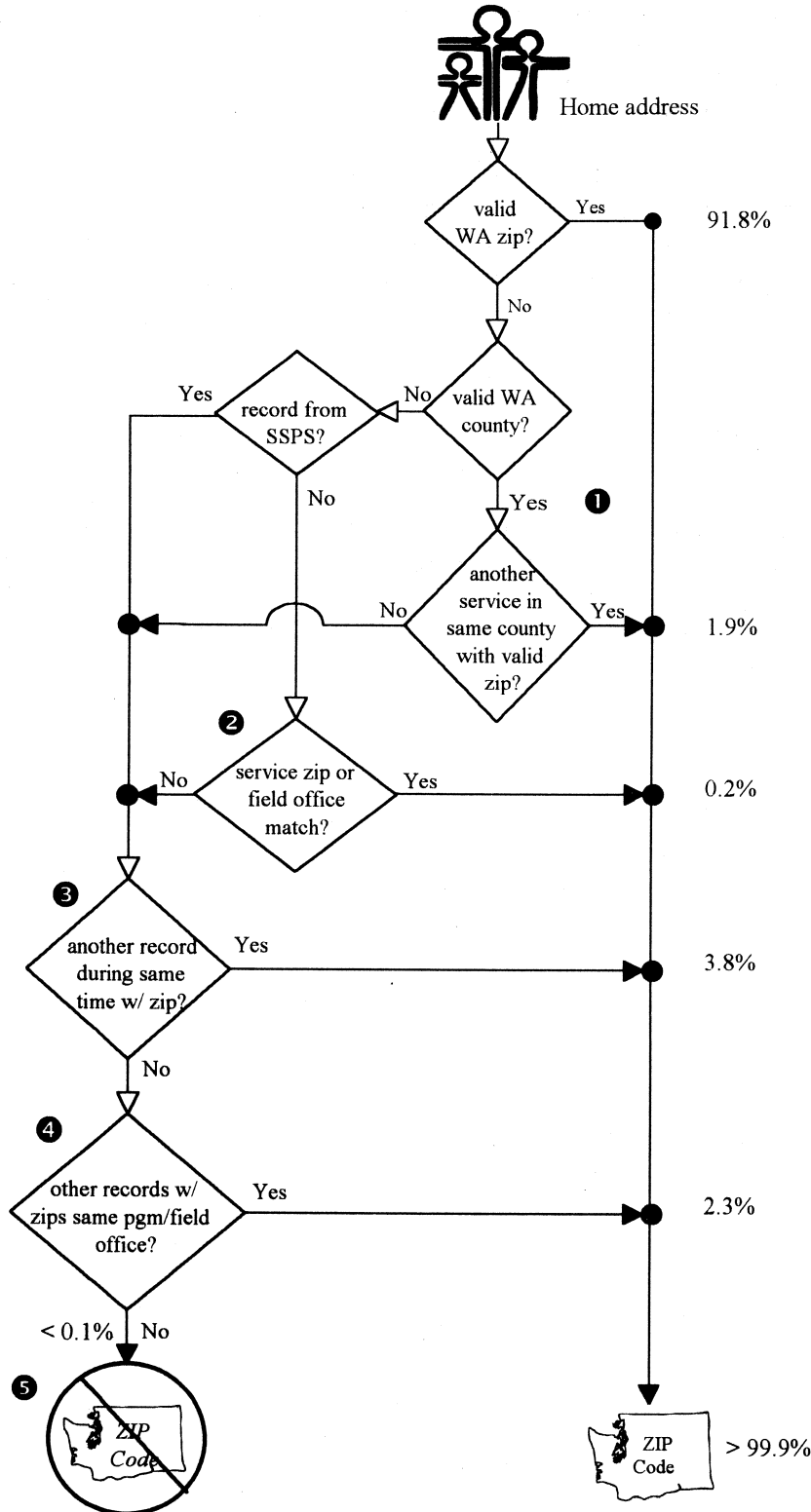
In the database maintained by the Department of Juvenile Rehabilitation, Alaskan Natives and Pacific Islanders were sometimes coded as "Other Race", so these clients appear in the 'unknown' race/ethnic category in NADB reports if their race/ethnic category was not identified in another source.

The Division of Refugee Assistance PEP Database does not record client race (though refugee clients may be identified by race in other department data sources). However, client ethnicity and country of origin are stored in the PEP Database, and DORA staff associated a race with each ethnic group and each country of origin. Using this association, NADB staff then assigned the client's race based on the ethnic group. If the ethnic group was missing, the assignment was based on the country of origin.

Appendix D

Home Address of Clients

Determining the ZIP Code was simple in most cases: 92% of the DSHS programs listed in this report had residential ZIP Codes recorded in the NADB Client Database for the specific service in question.



If a client was missing a residential ZIP Code for a particular service (Service A), the following procedures were used to define the missing ZIP Code:

If Service A contained a valid Washington county, records were searched for another service (Service B) for that client in that same county. If Service B was found with a client ZIP Code, the ZIP Code from the client's Service B record was assigned to Service A. Two percent of the DSHS residential locations in this report were so assigned. (See ①).

If Service A had neither a ZIP Code nor a county, records were searched for another service for that client in the same field office or provider county. If Service B was found with a client ZIP Code, the ZIP Code from the client's Service B record was assigned to Service A. Two-tenths of one percent of the DSHS residential locations in this report were so assigned. (See ②).

One DSHS data source (SSPS) had no client address information. For SSPS services, and for services which were not assigned a ZIP Code using the above methods, a different approach was used to assign a ZIP Code to Service A. Other services the client received were searched for a Service B with a known ZIP Code received during a time period which overlapped that of Service A. If found, Service A was assigned the Service B ZIP Code. Four percent of residential locations in this report were so assigned. (See ③).

IF STILL MISSING: ZIP Codes were assigned based on the distribution of all clients with known ZIP Code who received the same service in the same field office. An additional 2% of the ZIP Codes were assigned in this manner. (See ④).

IF STILL MISSING: If no other clients had known ZIP Codes for the same service in the same field office, the service was listed as having an "unknown" ZIP Code. (See ⑤).

Appendix E

Data Sources which Contributed to the NADB Client Database

The following data sources were used in the creation of the NADB Client Database:

- Case and Management Information System (CAMIS)
- Community Mental Health Information System (CMHIS)
- Division of Developmental Disabilities Common Client Database (DDD-CCDB)
- Division of Juvenile Rehabilitation Client Tracking System (DJR-CTS)
- Division of Refugee Assistance Personal Employment Plan (DORA-PEP) Data Files
- Division of Vocational Rehabilitation Integrated Client System (DVR-ICS)
- JOBS Automated System (JAS)
- Medicaid Management Information System - Extended Database (MMIS - EDB)
- Medicaid Management Information System - Eligibility File (MMIS - Elig)
- Mental Health Institution Information System (MHIIS)
- Social Services Payment System - Authorizations (SSPS - Auth)
- Social Services Payment System - Payment History (SSPS-PH)
- States Adoption Support Services Information (SASSI)
- Substance Abuse Management System (SAMS)
- Supplemental Security Income / Federal Accounting Exchange (SSI/FAX) File
- Warrant Roll (WR) Master Extracts

